

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN B.—b one of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.

DEPT. OF COMMERCE, BUREAU OF VITAL STATISTICS, U. S. C.

(1) PLACE OF BIRTH

County of Barnwell
 Township of
 Inc. Town of Blackville
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

31761

Registration District No. 5th Registered No. 23
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thelma Rice (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth No (6) Are Fresh Marriages No (7) DATE OF BIRTH Nov. 15, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME
 (9) PRESENT OCCUPATION OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.
 (14) NAME BEFORE MARRIAGE Annie Bell Rice
 (15) PRESENT OCCUPATION OF MOTHER Blackville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION D. C.

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cora Eldon (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Nov. 15, 23 (28) U. S. H. 1

When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is required before the fifth month of pregnancy.